

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Neurology BrainPAC

Full Name (Last, First, Middle Initial)

A. Dr. Sara G. Austin

Mailing Address 3006 Loveland Cove

City

Austin

State

TX

Zip Code

78746-7635

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self

Occupation

Neurologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 38107378

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Caroline M. Tanner

Mailing Address 3011 Acton St

City

Berkeley

State

CA

Zip Code

94702-2706

FEC ID number of contributing
federal political committee.

C

Name of Employer

Parkinson's Institute and Clinical Cen

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 38107380

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

C. Dr. Heidi B. Schwarz

Mailing Address 90 Gorham St

City

Canandaigua

State

NY

Zip Code

14424-1805

FEC ID number of contributing
federal political committee.

C

Name of Employer

Unity Health

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 20 / 2015

Transaction ID : 38107381

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1800.00